

Application for SBA Volunteer Deployment for Hurricanes Harvey and Irma Response

Instructions: Complete this application only after fully considering the requirements SBA will expect of Federal volunteers and discussing your possible application with your supervisor. To complete the application form, download it, complete it and forward it to your supervisor (along with the Approving Officials Form and resume). Only applications approved by your supervisor and the employing organization will be considered for referral to SBA.

Last Name:		First Name:		Middle Initial:	
City of Birth:		State of Birth:		Country of Citizenship:	
Country of Birth (if other than US):					
Employee Email:		Employee Phone:		Home Phone:	
Pay Plan:	Grade:	Current Position:			
Employee Duty Station:			Bargaining Unit? (Yes or No)		Special Accommodations? (Yes or No)
Skillset: (choose one)	<input type="checkbox"/> Loan Processing/Credit Analysis/Mortgage Underwriting <input type="checkbox"/> Loss Verifiers <input type="checkbox"/> Legal Review (legal assistant/paralegal/attorney) <input type="checkbox"/> Customer Service Representative (field) <input type="checkbox"/> Customer Service Representative (call center) <input type="checkbox"/> Information Technology (IT) Specialists <input type="checkbox"/> HR Assistant <input type="checkbox"/> Program Support Assistants				
Secondary Skillset: (choose one)	<input type="checkbox"/> Loan Processing/Credit Analysis/Mortgage Underwriting <input type="checkbox"/> Loss Verifiers <input type="checkbox"/> Legal Review (legal assistant/paralegal/attorney) <input type="checkbox"/> Customer Service Representative (field) <input type="checkbox"/> Customer Service Representative (call center) <input type="checkbox"/> Information Technology (IT) Specialists <input type="checkbox"/> HR Assistant <input type="checkbox"/> Program Support Assistants				
Emergency Contact Name and Contact Information (include address if different than home address and, if available, the contact's home phone, business phone and cell phone)					
Employee Signature:				Date:	

APPROVING OFFICIALS FORM

Name of Applicant: _____

Supervisor(s) (to include first line and/or second line, if required) should approve the EPA Application for SBA Volunteer Deployment for Hurricanes Harvey and Irma Response Form. Supervisors should submit the application, along with the approving form and employees resume to the local Human Resources Officer or the Program Management Officer as appropriate.

The HRO or PMO should sign and date the form as well. **All approved forms should be sent to Linda Gray and Bobby Moore via email at gray.linda@epa.gov and moore.bobby@epa.gov.** They will record volunteer information for the EPA and submit the names of volunteers to SBA. SBA will make final selection of volunteers and notify the agency and employee.

Supervisory Approvals:

1. First Line Supervisor:

I, _____ **[INSERT SUPERVISOR'S NAME/TITLE/ORGANIZATION]** _____ concur with _____ **[INSERT EMPLOYEE'S NAME]** _____ participating in this detail opportunity. _____ **[INSERT EMPLOYEE'S NAME]** _____ is an employee in good standing, earned at least a Satisfactory, Meets Expectations on their last performance review and has no current or pending disciplinary actions. I certify that my approval of the above named employee as a potential SBA Hurricanes Harvey and Irma Volunteer does not hamper or impinge upon EPA's mission and normal response activities.

Signature: _____ Date: _____

2. Second Line Supervisor:

I, _____ **[INSERT SUPERVISOR'S NAME/TITLE/ORGANIZATION]** _____ concur with _____ **[INSERT EMPLOYEE'S NAME]** _____ participating in this detail opportunity. _____ **[INSERT EMPLOYEE'S NAME]** _____ is an employee in good standing, earned at least a Satisfactory, Meets Expectations on their last performance review and has no current or pending disciplinary actions. I certify that my approval of the above named employee as a potential SBA Hurricanes Harvey and Irma Volunteer does not hamper or impinge upon EPA's mission and normal response activities.

Signature: _____ Date: _____

HRO/PMO Signature: _____ Date: _____